

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		THIS RFQ [] IS [X] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)			PAGE 1	OF	PAGES 41
1. REQUEST NO. STT10014Q0014	2. DATE ISSUED JULY/ 02/ 2014	3. REQUISITION/PURCHASE REQUEST NO. PR3490407	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING		
5A. ISSUED BY American Embassy Dili, Ave de Portugal Praia dos Coqueiros Dili, Timor - Leste			6. DELIVER BY (Date) JULY/24/2014 @ 15:00 hrs				
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)			7. DELIVERY				
NAME ZELIA DO REGO		TELEPHONE NUMBER		[X] FOB DESTINATION [] OTHER (See Schedule)			
		AREA CODE	NUMBER 3324684 ext 2186				
8. TO:			9. DESTINATION				
a. NAME	b. COMPANY		a. NAME OF CONSIGNEE American Embassy Dili				
c. STREET ADDRESS			b. STREET ADDRESS Ave de Portugal Praia dos Coqueiros				
d. CITY		e. STATE	f. ZIP CODE	c. CITY DILI			
				d. STATE	e. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter					
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
1.	"Mitsubishi" City Multi Model# PURY-P500YEM-A 380 volts/50 hz/56 kw R407C		2 Units				
12 DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %		d. CALENDAR DAYS	
						NUMBER	%
NOTE: Additional provisions and representations [X] are [] are not attached.							
13 NAME AND ADDRESS OF QUOTER			14 SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15 DATE OF QUOTATION		
a. NAME OF QUOTER							
b. STREET ADDRESS			16. SIGNER				
c. COUNTRY			a. NAME (Type or print)			b. TELEPHONE	
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)			AREA CODE	
						NUMBER	